

Brief Report

The Use of Murals in Preadolescent Inpatient Groups: An Art Therapy Approach to Cumulative Trauma

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Abstract

This article describes a small group of preadolescent, psychiatric inpatients and their collaborative painting of a memorial mural about the September 11, 2001, attack on the World Trade Center in New York City. Through an immersion in the group experience, the group members became increasingly introspective about their feelings of loss and their histories of multiple trauma. They developed a strong group identification and participated appropriately in a national process of mourning. The creation of the mural enhanced their sense of self-efficacy and earned them considerable positive recognition. Reflection on the mural making process itself, as well as its interpersonal impact, increased the group members' mutual attachment and their tolerance for their own traumatic memories. The inclusion of the mural in a museum exhibition of children's art solidified a powerful lesson about the symbolic value of art for therapeutic healing.

Introduction

Children and adolescents in New York City were particularly traumatized by the terrorist attack on the World Trade Center because of its proximity and because of their anxiety about the well-being of family members who might have been in Manhattan on September 11, 2001. Child and adolescent psychiatric inpatients seemed particularly vulnerable because of their separation from their families during hospitalization and their prior histories of trauma.

Coincidental to the devastating attack in September, a weekly art therapy group was being planned for three male inpatients, ages 11 to 12, who were being treated at an intermediate care, state psychiatric hospital for children in New York City. The hospital typically treats children on an inpatient basis for 3 to 6 months after they have been referred from other psychiatric hospitals. Following dis-

charge, they are referred to either day treatment and supportive community services or residential treatment.

The art therapy group members were selected for the group because of their histories of trauma and their interest in art. Each of the three children had experienced multiple traumas that had a devastating, cumulative effect. They had histories of early neglect, parental abandonment, and multiple foster home placements, as well as several hospitalizations for extreme aggression and violence. In addition, two of the children also had histories of suicidal ideation and behavior. Although the children did not fit the diagnoses for posttraumatic stress disorder (PTSD), their multiple traumatic experiences had clearly contributed to their anxieties and their emotional lability.

The art therapy group met for 12 weekly sessions that were 1-1/2 hours long. With the support of the art therapist, the group decided in its third meeting to paint a memorial mural about the destruction of the World Trade Center. The site selected for the mural was the wall of the main hallway of the inpatient unit, a highly visible location. Painting the mural provided a framework for the group that served as a catalyst for discussion of group members' feelings about painful separations and the prospect of their own future discharge from the hospital. As the group sessions proceeded, a sense of group solidarity and group identification gradually emerged. Painting the mural directly on the wall of the unit fostered a sense of permanence and stability. The art therapist took photographs of the mural at different stages and gave copies to each of the children; this strengthened their sense of accomplishment and self-efficacy. The mural project offered the patients a medium for self-reflection and for remembering the World Trade Center. Their developing capacity for psychological mindedness seemed evident when they reported their wish to be remembered by making the mural a permanent part of the hospital environment. Throughout the stages of its creation, the mural generated widespread positive reactions from many of the children and the adult staff of the hospital. Further, a photograph of the mural was selected for inclusion in an exhibition called "Operation Healing" at the Children's Museum of the Arts in New York City.

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Children's Reactions to Trauma and Loss

The concept of cumulative trauma was first formulated by the psychoanalytic theorist Khan (1974). It refers to experiences of being unprotected by the maternal environment that cumulatively and retrospectively achieve the status of trauma by contributing to disturbances in the child's ego development. From the perspective of contemporary trauma theory, cumulative trauma refers to the impact of chronic trauma, such as physical abuse, sexual abuse, and neglect, on all aspects of psychological development. Herman (1997) and other authors suggest that when trauma continues for months or years it can lead to marked changes in relatedness, self-concept, memory, affect regulation, and anxiety tolerance. Physical and sexual abuse may facilitate reliance on dissociation and somatoform symptoms, as well as unwitting interpersonal enactments of trauma. Herman hypothesizes that complex PTSD represents the most accurate diagnostic classification for the aftereffects of chronic trauma.

According to the National Institute of Mental Health (2001), children's and adolescents' reactions to acute trauma vary according to their age. Reactions to acute trauma may include withdrawal, disruptive behavior, inability to pay attention, insomnia, irritability, anxiety, anger, confusion, and depression. The attacks on the Pentagon and the World Trade Center exposed Americans to both primary and secondary trauma. People who witnessed or were directly involved in these tragedies suffered primary trauma. "The rest of us experience what is 'secondary trauma.' There can be traumatic effects from watching television, reading newspapers and magazines, listening to others, and talking about it" (Connor, 2002, p. 2).

All of the hospital's inpatient children and adolescents discussed the destruction of the World Trade Center with their individual therapists and other mental health staff. The preadolescents who participated in the mural group did not personally witness the actual events of September 11. Nevertheless, they were exposed not only to the media coverage, but also to staff's, visitors', and other patients' reactions and feelings of anxiety. Although the mural group members were action-oriented preadolescent males, the safety of the group allowed them to express the theme of a shattered sense of security. When one boy was discharged from the hospital and left the group before the others, his absence was a frequent stimulus for discussion about separation and loss. Since each of the group members had long histories of trauma, the September 11 attacks stimulated strong feelings of helplessness and worry about a lack of safety and predictability.

Murals and the Community

Painted since prehistoric cave times, murals consist of narratives painted on walls. "One thing today's murals have in common with Paleolithic French and Spanish cave paintings is their role in the community" (Dreschler, 1994, p. 9). The inpatient unit of a hospital can be seen as a community. "Community is a process of people coming together

around common problems, discovering their common value, and developing their sense of solidarity" (Cockcroft, Weber, & Cockcroft, 1977, p. 72). The inpatient psychiatric hospital milieu is a particularly sensitive community that responds to interpersonal change and to patients' artistic creations. Since the weekly additions to the art therapy group's mural were highly visible to the inpatient community, they invited comments by everyone. Although the mural was not created within the safety and security of an art therapy room, the art therapist listened continuously for signs of anxiety about self-exposure. The boys generally enjoyed conversations about the mural with passersby. Other patients in the unit asked to become involved in the mural project, and the final product received much acclaim as a notable contribution to the hospital community.

The Creation of the Mural

The art therapy group was initiated in May 2002, at a time when the clean up at Ground Zero was constantly in the news. By the group's third meeting, the painting of the mural became its principal routine. Initial efforts at painting were accompanied by concerns that the mural might not be finished and that it might be an inferior work of art. By the completion of the mural 12 weeks later, the group members had become enthusiastic participants who gained considerable praise for their participation.

Subsequent to a short-lived attempt to immediately begin painting the mural without a template, the group designed the outlines of the mural by drawing them on a large sheet of paper. The mural's design became an important topic of conversation in the group and on the treatment unit. Once the planning gave way to painting, the boys reported that they enjoyed mixing the paints and seeing the results of their efforts.

Each group member described the beauty of the mural and his own view of himself as a "real artist." At first, the boys worked separately to sketch the different parts of the mural. Later, they collaborated to paint the enlarged sketch directly on the hallway wall. They spontaneously corrected their mistakes by repainting parts of the mural. Even though group interventions were occasionally necessary, there was an overall absence of the disruptive behavior and variable concentration that often typify verbal group therapy with preadolescent boys.

Initially, tempera paint mixed with an acrylic medium proved to be too thin for the mural. Acrylic paint turned out to be more suitable. The group used masking tape to create borders for the picture and to insure fairly even outlines for the buildings and the details. This structure gave the boys a sense of freedom to paint without worrying about straight lines. They all commented that they enjoyed painting with the broad strokes that the borders allowed. When they became frustrated, asking them to use a different type of brush was usually the only intervention that was needed.

The art therapy group typically began with a check-in and a brief warm-up exercise, followed by gathering the art materials before going to the location of the mural. Using

the sketch as a guide, the boys began the journey of creating a World Trade Center Memorial. One child included the Statue of Liberty with the World Trade Center, and another advocated for including the Empire State Building in the mural. Work on the mural frequently led to discussions about the tragic loss of life at the World Trade Center and the group members' feelings of vulnerability. The boys volunteered that they were sad and angry about the loss of life and the unfairness of the attack. On one occasion, a boy stated that he felt safe because he was not in Manhattan. Each child conveyed concerns about safety, as well as feelings of concern for the helpless victims. Throughout the creation of the mural, the children noted that they wanted to remember the World Trade Center before it was attacked. They stressed wanting people to remember both the victims and the Twin Towers as they were prior to September 11. They also discussed a desire to visit the Statue of Liberty and the concept of the permanence of skyscrapers. Collectively, the group expressed the wish that a new, invulnerable building would be built to replace the World Trade Center. When the mural was completed, the boys experienced a sense of pride of accomplishment that was often enhanced by the positive comments the mural generated.

The Group Process

As group identification and individual identifications as artists steadily developed, open discussions of feelings about the World Trade Center facilitated mutual support and the encouragement of self-revelation. The boys' enjoyment of mixing the paints continued until they playfully began to call each other nicknames, such as "Krylic" and "Tempera." When an exchange took place about how the group members wanted to remember each other and to be remembered as artists, they decided to include their first names as artists' signatures on the mural. Although none of the boys lost anyone they were close to on September 11, the tragedy heightened their feelings of sadness about loss and abandonment. During the sessions, discussions about trips to Manhattan led to memories about family trips and the pain of being separated from family members. One group member, aged 11, openly shared his fears about the future when he was told that his upcoming discharge would be a week earlier than he had anticipated. The other boys were very supportive of him and encouraged him to work steadily to complete his part of the mural.

Photographs that the art therapist took of the boys at different stages of the mural project became points of reference for remembering their feelings. At the end of the group, the boys' need to remember lost family members and to be remembered was symbolized by their request to take pictures of the completed mural with them when they left the hospital. To deepen the children's sense of permanence and attachment, the art therapist suggested that they work together on assembling albums that contained their drawings, writings, and photographs of the mural. The albums were symbolic of their progress and their enhanced ability to work collaboratively.

Art and Therapeutic Healing

Drawing, painting, and mural making all have healing properties. Malchiodi (2001) states that drawing facilitates traumatized children's ability to verbalize emotion-laden experiences. Painting and mural making help organize narratives about trauma and its representation in a child's internal world. Visual metaphors provide images for the expression of conflicting feelings. Cohen, Barnes, and Rankin (1995) stress the use of visual metaphors to resolve crises and emotional roadblocks as part of psychological conflict resolution. An art therapy group devoted to mural making provides a safe and supportive group environment for resolving conflicts and gradually transforming the psychological effects of trauma.

As noted above, a photograph of the mural was included in an exhibition at the Children's Museum of the Arts that was held in response to the national tragedies of September 11. When the art therapist took one of the group members along with other inpatient children to the museum, this boy was able to share his feelings about the mural with his peers and museum staff. The positive reactions this generated further increased his sense of accomplishment. The group members' decisions about what to include in the mural supported their adaptive use of fantasy and their healthy attachment to protective adult figures. They shared a fantasy that the skies of New York City could be covered with a shield or a blanket that would protect everyone from excessive heat and danger. The boys also recommended the establishment of safety checkpoints in the city to augment this protective shield. They compared the Twin Towers with the Empire State Building, the Chrysler Building, and other prominent New York City landmarks that symbolize strength and permanence. Pictures of these landmark buildings were included in the photo albums that the boys took with them when they were discharged from the hospital. The boys decided to include large stars in the mural that represented themselves and the group leader.

The completed mural (Figure 1) was 89" x 68" and included the Statue of Liberty, a symbol of New York and a powerful maternal figure, surrounded by the Empire State Building; a smaller residential building; two very large, protective buildings that represent the Twin Towers painted in red, white, and blue; and a bridge that unites all. In the background, a midnight-blue sky represents the protective blanket that covers New York City. The bridge seemed to symbolize the boys' need for attachment and emotional connection as an antidote to fears of separation and loss. As one boy stated, "The bridge keeps us all together." The general theme conveyed by the mural is one of solidarity and unity.

Conclusion

Creating the mural empowered the group members to tolerate the presence of traumatic memories. The protective group environment improved their ability to process feelings that would have been difficult to formulate in



Figure 1

purely verbal group therapy. As an avenue for participation in national mourning, the art therapy group offered the children a secure opportunity for processing traumatic affects. Although the art therapist reflected the boys' feelings and encouraged their collaborative involvement, the art therapy group process was the essential mechanism for therapeutic healing. The mural itself gave the children a voice and a means for self-expression that allowed others to respond to their ideas. They were able to communicate a powerful message of hope and remembrance for themselves and for viewers while rebuilding shattered trust in their future and in the world.

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Viewpoints

Comics as Art Therapy

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Spider Man and the Green Lantern are not the first images that most people conjure up when someone mentions “important art.” In the world of fine art, comic books are often viewed as the bottom rung of the artistic ladder (or so a number of professors I have had over the years have tried to convince me). In the early half of the 1900s, such an assessment would not have been unreasonable. With their rudimentary visuals and sub-par writing, the comics of the day were nothing more than gags and cheap laughs. It was not until the end of the 20th century that comics became an acclaimed artistic medium, with profound and relevant writing and technically strong and aesthetically pleasing visuals. Professionals began praising comics for tackling “weighty issues of racism and bigotry, war and envy, and friendship, as well as the individual sense of responsibility and balance in life” (Grinfeld, 1997, p. 20). Some of the characters mirrored the same concerns of the everyday person, “developing skills, talent, and powers, and then using them in a responsible way” (Grinfeld, p. 20). Comic books became deep and complex works because their creators began to put their real life experiences into the books, as opposed to simply making up fantastic tales of far-from-realistic beings. Artists and writers began to use events in their lives that had caused them joy, pain, fear, and envy, and in a cathartic process, used their creations to relieve themselves of heavy emotions. In a way, the works began to take on aspects of their creators and became possible forms of therapy as well as art.

I believe in the use of comics as a form of healing because I have used the creation of comic book characters and worlds to work through problems in my life. In grammar school, specifically fourth grade, I created a character called “Super Derf” (Figure 1a). His alter ego was a shy, bookish character that was a virtual mirror reflection of myself. He was a chubby-cheeked, freckle-faced short kid from the same town where I lived. He had a good heart but was too reserved to interact with people the way he would have liked. Once he put on his hero costume, with cape and boots, he could overcome any obstacle and was revered by

the masses. The plots revolved around superhero-versus-supervillain conflicts of the typical comic book sort. In the same way he responded to villains who stood against him, “Super Derf” also defeated the fear and insecurities his alter ego (as well as his creator) carried with him. Through that character, I could show the person I was and the person I wanted to be with nothing but a costume change.

Years later I created a different character that carried many of the same social and self-image insecurities as “Super Derf.” Modeling him after how I viewed myself at the time, I called the character “The Fat-Man” (Figure 1b). Loosely (and admittedly) based on Batman, who was incredibly popular at the time, he was a short guy with a potbelly and a huge, round nose. In retrospect, I can see that the features were exaggerated, but at the time it was an accurate portrayal of how I viewed myself. I was still painfully shy and unable to socialize the way I would have liked. I had my creation be the hero and ladies’ man I was incapable of being due to shyness. As it was with “Super Derf,” the plots of “The Fat-Man” revolved around the generic hero-versus-villain battles. Through both of these characters I shed my shortcomings and existed in an imaginary world as I wished I could have done in reality. This served as a therapeutic outlet because I put into words and pictures the things I longed to say or do. I had found release for my pent up emotions and desires.

Only a few short years ago I once again found therapeutic relief in creating a comic book world. Having grown up considerably since the last time I sought solace in the medium (7 years having passed), I had gotten over my social anxieties and self-image concerns. I was going through more internal struggles. I had recently suffered a death in my immediate family that was putting stress on the surviving family members. I was still adjusting to college, and I was having relationship difficulties with my long-time girlfriend. All of this weighed heavily on my mind as I tried to maintain sure footing in school and work. Digging into my comic collection, I came across issues of James O’Barr’s *The Crow*. O’Barr created the series in response to a personal tragedy, the death of his fiancée caused by a drunk driver (“About James O’Barr,” 2002; Anderson, 2000). Feeling more confident in my ability to draw and write, I too set out to create a book that would serve as my therapy.

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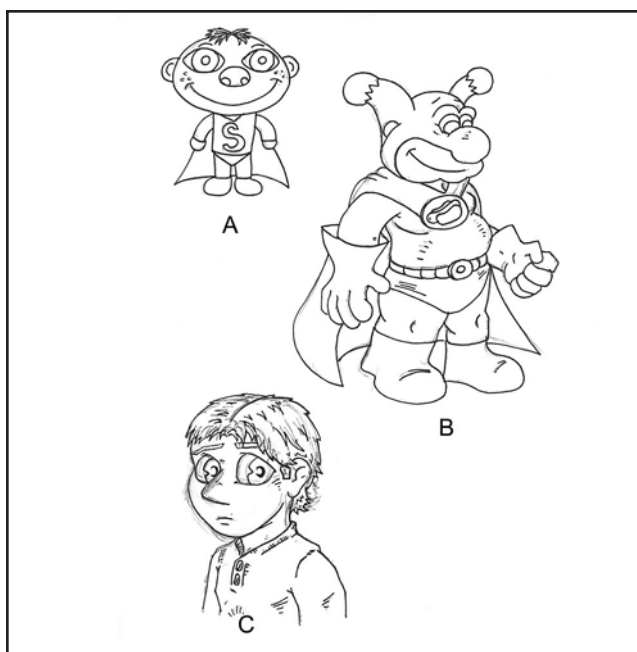


Figure 1
Examples of Self-expressing Characters
Created by Myself

Putting pencil to paper, I began weaving a tale of love, sacrifice, and faith. No longer concerned with getting too personal, I shed the idea of an alter ego and made the focal character like me in both appearance and name (Figure 1c). I put him in the same exact place I was in at the time, with the same pain and fear I had. Having difficulty dealing with himself and also with everyone around him due to the stresses, my character went through a crisis of faith in which he began questioning himself and his beliefs. My character's friends were all based on my friends, a technique also used by comic creator Jonathan Adams in his book *Truth Serum* (Roberts, 2001). The cartoon story evolved into something of a morality tale with the focal character always doing the ethically correct thing, despite the obvious pain it caused. Ultimately, my character lost a member of his family, lost his girlfriend, and barely managed to keep his friends—just as I had. The difference was that in the world I created, my cartoon self was strong enough to be relatively unaffected by what transpired. He was able to carry on with a positive attitude and a happy outlook, just as I wished I could do. In the world I created, there might not have been a happy ending, but at least I had control over what happened and when. I never completed the book. To this day it remains unfinished because it became obsolete, having served its purpose. Getting past the grief, fear, and pain was more important than completing the story, and the more of my feelings I put on the paper, the less that remained inside me.

It appears that using comics as a therapeutic outlet is becoming recognized by academia. The community out-

reach program at the University of Illinois at Chicago advocates that youth create autobiographical comics ("Autobiographical Comics," 2002). Recognizing the strength of this narrative art form, the program, developed by visiting artist Heather McAdams, has students and teachers create autobiographical comics that explore interesting moments in their lives. Inspired in part by Art Spiegelman's Pulitzer Prize winning comic *Maus*, which is a recounting of the artist's father's experiences in a Nazi concentration camp, the cartoons allow their creators to reexamine moments in their lives that were important and memorable. This process encourages the students to place themselves back in the moment and to act as they did, or in some cases, as they wished they had.

As a medium, comic books provide their creators a wide variety of resources to aid their mental health. They allow for expression of the self in terms of body image, verbal expression, physical action, and emotion. Some people may identify with existing cartoon characters; however, by encouraging people to create narrative tales of their own, they not only can identify with their own creation but also can release some of the negative aspects of their feelings in a constructive and creative manner.

As a therapeutic tool, creating comics is a safe avenue of release for clients. Within the panels, the client can create a world in which the actions of his or her characters carry only the consequences that the artist chooses. Using comic book creation as a therapy tool can be especially useful for children because the comic book medium is familiar to them. In therapy, clients of all ages can express anything they wish through their characters. Carrying no repercussions in the real world, situations can be resolved as the artists see fit. Through the conflicts and resolutions experienced by the characters, which may parallel those of the creators, clients may find comfort in having a tangible representation of their triumphs and failures—fictitious or real.

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